



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. MARY'S MEDICAL CENTER (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|-------------------------------------|--------------|
| Inpatient Patient Service Revenue | \$601819831 |
| Outpatient Patient Service Revenue | \$573797428 |
| Total Gross Patient Service Revenue | \$1175617259 |

2. Deductions From Revenue

| | |
|-----------------------|-------------|
| Contractual Allowance | \$696063112 |
| Other Deductions | \$69306914 |
| Total Deductions | \$765370026 |

3. Total Operating Revenue

| | |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$410247233 |
| Other Operating Revenue | \$12631759 |
| Total Operating Revenue | \$422878992 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages | \$123183969 | Employee Benefits | \$32286004 |
| Depreciation and Amortization | \$12057193 | Interest Expense | \$5152896 |
| Bad Debt | \$0 | Other Expenses | \$200262001 |
| Total Operating Expenses | \$372942063 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$49936929 | Total Assets | \$56546395 |
| Net Non-operating Gains over Loss | \$8929249 | Total Liabilities | \$216945851 |
| Total Net Gains | \$58866178 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|----------------|-----------------------|-----------------------|-------------------------------|
|----------------|-----------------------|-----------------------|-------------------------------|

| | | | |
|------------------|--------------|-------------|-------------|
| Medicare | \$491170126 | \$372340465 | \$118829661 |
| Medicaid | \$42066347 | \$32814044 | \$9252303 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$97384298 | \$75965060 | \$21419238 |
| Other Payers | \$544996488 | \$208411958 | \$336584530 |
| Total | \$1175617259 | \$689531527 | \$486085732 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$1243686 | \$0 | \$1243686 |

Statement Four: Research Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

Statement Five: Education Statement

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$18686 | \$217105 | \$-198419 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

| | |
|---|---|
| Number of Medical Professionals Trained | 0 |
| Number of Hospital Patients Educated | 0 |
| Number of Citizens Exposed to Health Education Messages | 0 |

Statement Six: Charity Statement

| | |
|--------------------------|------------|
| Hospital Charity Charges | \$75838499 |
|--------------------------|------------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|--------------------------|---------------------------|-----------------------------------|
| Charity Care | \$20 | \$18703704 | |
| HCI Payments | \$0 | | |
| Subtotal | \$20 | \$18703704 | \$-18703684 |
| Medicaid Shortfalls | \$14653716 | \$18964313 | |
| Subtotal | \$14653736 | \$37668017 | \$-23014281 |
| DSH Payments | \$5,429,058 | | |
| Subtotal | \$20082794 | \$37668017 | \$-17585223 |
| Medicare Shortfalls | \$96644066 | \$97982776 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$116726860 | \$135650793 | \$-18923933 |

Statement Seven: Subsidized Health Services for the Community

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------------|-----------------------------------|----------------------------|
| Community Programs | \$0 | \$1728896 | \$-1728896 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |